MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE 10/521034 FEE CALCULATION SHEET (FOR WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED AFTER AFTER **AS FILED** I AMENDMENT 1 MAMENDMENT I"AMENDMENT 2 AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>57</u> .9 <u>67</u> 27

TOTAL IND

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CLAIMS

PTO - 1360 (REV. 11/04)

TOTAL IND

TOTAL DEP

TOTAL

CLAIMS

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